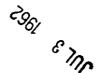
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-007080					
	AMENDED				enistration District No. 1969 Primary Registration District No. 5658 Registrar's No. 69 STATE FILE NUMBER
9	 2		\sqcap	¬	PLACE OF DEATH a. COUNTY Lawrence County 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATEMISSOURI b. COUNTY Lawrence admission)
	AMENDED				b. CITY (If outside corporate limits, give TOWNSHIP only) OR OR Mt. Vernon S yrs.llMo Marionville Length of stay in 1b C. CITY OR Marionville Yes E No
յ հա	u I			_	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Bliss Haven Rest Home Yes Now Now Not
- <u>2</u>	4	+		=	NAME OF DECEASED First Middle Last 4. DATE Month Day Year
1					Harvey Columbus Suttles DEATH March 9, 1962
				_	Male white Widowed of Divorced Une 13,1876 85 Months Days Hours Min.
S Š Š				10	during most of working life, even if refixed) Urchardist (retired) 10b. KIND OF BUSINESS OR INDUSTRY Verona, Missouri US A
70 <u>1</u> 10				13	not known Mary (not known) 14. Name of Husband or Wife Agnes Suttles
SA					WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO 17. INFORMANT Family record.
D ARE			MENT	_	18. CAUSE OF DEATH (Enter only one cause of line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN LINE CAUSE OF
RECORD			DOCUMENT		what Dulyman eclewa)
THIS	I CAL	-			Conditions, if any, which gave rise to above cause (a), stating the underlying cause lest. DUE TO (c)
IS ON				ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days.
AMENDMENTS				CERTIFIC	19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) YES NO
AMEN				EDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.
4 4				*	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. Cfty, 10WN, OR LOCATION COUNTY STATE NOT WHILE AT WORK 50 pt. 10 p
	2				21. I attended the deceased from 117:30 a.e
C V ad C II C N a	3000		IT OF		222 SCRATURE (Degres or title) 220 DODRESS Lervon. No 3/0/62
[L	2	++	AFFIDAVIT	i i	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) March 11, 1962 Odd Fellows Cemetery Marionville, Missouri.
			3Y AF	-24	radford-Surridge, Marionville, Missouri 3-/262 Toy Wynne
*	- 1	1 1	ı" I	<u>۔</u>	(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

ecorded on the reverse side of this certificate was embalmed by me,
, Stodelii Eribaliilei 140
Signed William a. Fulls
Signed William a Trulos
Licensed Embaimer No. 4658 P. O. Address Manowello
P. O. Address Marianvillo
_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.